

GEORGIA FORM 500

INDIVIDUAL INCOME TAX RETURN

2002

Page 1



0300404012

DEPARTMENT USE ONLY

DEL.

EXT.

MISC.

☐
☐
☐

Fiscal Year Mo. Day Year Beginning: Ending: Mo. Day Year

YOUR FIRST NAME

INITIAL

YOUR SOCIAL SECURITY NUMBER

Mark box with an X if you do not want a tax booklet next year.

YOUR LAST NAME

SUFFIX

MUST ENTER SS #

SPOUSE'S FIRST NAME

INITIAL

SPOUSE'S SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

SUFFIX

☐ CHECK IF ADDRESS CHANGE

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP CODE

COUNTRY IF FOREIGN

4. Use one option only and enter in the Residency Code Number box.

PART-YEAR RESIDENTS AND NONRESIDENTS MUST OMIT LINES 9 THROUGH 14 AND USE SCHEDULE 3 OF FORM 500, PAGE 4

RESIDENCY CODE NUMBER

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT FROM

TO

3. NONRESIDENT

5. Fill in Filing Status Block with appropriate letter. (Must be same status as used on your Federal Return)

A. SINGLE

C. MARRIED FILING SEPARATE (Spouse's social security no. must be entered above)

FILING STATUS

B. MARRIED FILING JOINT

D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOW(ER)

6. Dependents:

If more than 3 dependents, enclose a list.

FIRST NAME	LAST NAME	DEPENDENT'S SOCIAL SECURITY NUMBER	DEPENDENT'S RELATIONSHIP TO YOU

7. Total Number of Exemptions from Federal Form 1040 or 1040A (see instructions) 7.

IF AMOUNT ON LINE 8, 9, 10, 13, OR 15 IS NEGATIVE, FILL IN CIRCLE. EXAMPLE:

If the amount on Line 8 is \$40,000 or more or your adjusted gross income is less than your W-2s, you must enclose a copy of your Federal Form 1040 Pages 1 and 2. Regardless of income, if you use itemized deductions, you must enclose Federal Schedule A. Do not enclose other Federal Schedules.

8. Federal adjusted gross income (From Federal Form 1040 or 1040A or 1040EZ)

DO NOT USE **FEDERAL TAXABLE INCOME**

8.

9. Adjustments from Schedule 1. (See instructions on Page 6, Line 9) 9.

9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.

10.

11. STANDARD Deduction (SEE INSTRUCTIONS-LINE 11) **DO NOT USE FEDERAL STANDARD DEDUCTION** 11a.

b. Self 65 or over? blind? SPOUSE 65 or over? blind? Total of boxes x 1,300=11b.

Use EITHER Line 11c or Line 12 (DO NOT WRITE ON BOTH)

c. TOTAL STANDARD Deduction (Line 11a + Line 11b) 11c.

12. TOTAL ITEMIZED Deductions used in computing Federal taxable income

Schedule A-Form 1040

Less: See Line 12 instructions

12.

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Your Social Security Number

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Step 5 Tax Computation	13.	Subtract either Line 11c or Line 12 from Line 10; enter balance	13.	➤	<input type="text"/>	<input type="text"/>					
	14.	Number from block on Line 7 ____ multiplied by \$2,700	14.	➤	<input type="text"/>	<input type="text"/>					
	15.	Georgia taxable income (Line 13 less Line 14 or Line 14, Schedule 3)	15.	➤	<input type="text"/>	<input type="text"/>					
	16.	Tax (use Tax Table on Pages 15 and 16)	16.	➤	<input type="text"/>	<input type="text"/>					
	17.	Credits from Schedule 2, Page 3 (Enter total but not more than the amount on Line 16)	17.	➤	<input type="text"/>	<input type="text"/>					
	18.	Balance (Line 16 less Line 17) if zero or less than zero, enter zero	18.	➤	<input type="text"/>	<input type="text"/>					
	19.	GEORGIA INCOME TAX WITHHELD (Enter Tax Withheld Only & Enclose Withholding statements) 19.			➤	<input type="text"/>	<input type="text"/>				
	20.	ESTIMATED TAX FOR 2002 AND FORM IT-560			20.	➤	<input type="text"/>	<input type="text"/>			
	21.	Low Income Credit (See worksheet on Page 10) 21a	➤	<input type="text"/>	21b	➤	<input type="text"/>	21c	➤	<input type="text"/>	<input type="text"/>
	22.	Department Use Only			22.	➤	<input type="text"/>	<input type="text"/>			
	23.	Total prepayment credits (Add Lines 19, 20, and 21c)			23.	➤	<input type="text"/>	<input type="text"/>			
	24.	If Line 18 exceeds Line 23 enter BALANCE DUE STATE			24.	➤	<input type="text"/>	<input type="text"/>			
	25.	If Line 23 exceeds Line 18 enter OVERPAYMENT amount			25.	➤	<input type="text"/>	<input type="text"/>			
	26.	Amount to be credited to 2003 ESTIMATED TAX			26.	➤	<input type="text"/>	<input type="text"/>			
	27.	Georgia Wildlife Conservation Fund (No gift of less than \$1.00)			27.	➤	<input type="text"/>	<input type="text"/>			
28.	Georgia Children and Elderly Fund (No gift of less than \$1.00)			28.	➤	<input type="text"/>	<input type="text"/>				
29.	Georgia Cancer Research Fund (No gift of less than \$1.00)			29.	➤	<input type="text"/>	<input type="text"/>				
30.	Form 500 UET (Estimated tax penalty)			30.	➤	<input type="text"/>	<input type="text"/>				
31.	Add Lines 24, 27, 28, 29 and 30 (Balance Due)			31.	➤	<input type="text"/>	<input type="text"/>				
MAKE CHECK PAYABLE FOR THIS AMOUNT TO GEORGIA INCOME TAX DIVISION											
DO NOT STAPLE YOUR CHECK AND W-2'S TO PAGE 1, ENCLOSE THEM IN THE RETURN ENVELOPE											
32.	Amount to be Refunded . Line 25 minus Lines 26, 27, 28, 29 and 30 if applicable			32.	➤	<input type="text"/>	<input type="text"/>				

OVERPAYMENTS (REFUNDS) TO:
GEORGIA INCOME TAX DIVISION, P.O. BOX 740380
ATLANTA, GEORGIA 30374-0380

PAYMENTS AND OTHER DOCUMENTS TO:
GEORGIA INCOME TAX DIVISION, P.O. BOX 740399
ATLANTA, GEORGIA 30374-0399

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE

X _____
YOUR SIGNATURE

DATE

DAYTIME PHONE NUMBER

Taxpayer

☐

Check this box to authorize the Georgia Department of Revenue to discuss this tax return with the preparer named below.

X _____
SPOUSE 'S SIGNATURE
(Check box if deceased ☐)

DATE

Spouse

☐

X _____
SIGNATURE OF PREPARER IF OTHER THAN TAXPAYER

ID NUMBER OF PREPARER

PHONE NUMBER

DATE

ELECTRONIC FILING MAY SPEED YOUR REFUND BY 8 WEEKS

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Your Social Security Number

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SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (See Page 6 of instructions)

ADDITIONS TO INCOME

1. Interest on Non-Georgia Municipal and State Bonds	1.		
2. Lump Sum Distributions	2.		
3. Other (Specify)	3.		
4. Total Additions (Enter sum of Lines 1-3 here)	4.		

SUBTRACTIONS FROM INCOME

5. Retirement Income Exclusion (See Retirement Income Exclusion Worksheet, Page 14.)

A. Self: Date of Birth	<input type="text"/>	Type of Disability: _____	5A.		
	<input type="text"/>	Date of Disability	<input type="text"/>		
B. Spouse: Date of Birth	<input type="text"/>	Type of Disability: _____	5B.		
	<input type="text"/>	Date of Disability	<input type="text"/>		

6. Social Security Benefits (Taxable portion)	6.		
7. Railroad Retirement Benefits (Taxable portion)	7.		
8. Interest on United States Obligations (See Page 6 of instructions)	8.		
9. Other (Specify)	9.		
10. Total Subtractions (Enter sum of Lines 5-9 here)	10.		
11. Net Adjustments (Line 4 less Line 10, enter net total here and on Line 9 of Page 1)(+or -)	11.		

SCHEDULE 2 CREDITS FOR LINE 17, PAGE 2

1. Other State(s) Tax Credit (See worksheet, Page 10)	1.		
2. Low and Zero Emission Vehicle Credit	2.		
3. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit and Qualified Caregiving Expense Credit)	3.		
4. Other Credits, Please Specify	4.		

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC, LLP or Partnership Interest

See Pages 20 through 21 for a list of available credits and their applicable codes. You must list the appropriate Credit Type Code in the space provided. List the percentage of credit received in the % column. If you claim more than five credits, enclose a schedule. Enter the schedule total on Line 10.

Credit Type Code	Company Name	FEIN	%	Amount of Credit
5. _____				5. <input type="text"/>
6. _____				6. <input type="text"/>
7. _____				7. <input type="text"/>
8. _____				8. <input type="text"/>
9. _____				9. <input type="text"/>
10. Enter the total from enclosed schedule(s)				10. <input type="text"/>
11. Enter the total of Lines 1 through 10 here and on Line 17, Page 2				11. <input type="text"/>

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SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Page 7, Line 17 and Page 10.

DO NOT USE LINES 9 THROUGH 14 OF PAGES 1 AND 2, FORM 500

	Federal Income after Georgia Adjustments COLUMN A		Income Not Taxable to Georgia COLUMN B		Georgia Income COLUMN C	
1. Wages, Salaries, Tips, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Interest and Dividends	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Business Income or (Loss)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Other Income or (Loss)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total Income: Total Lines 1 through 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adjustments to Income:						
6. Total adj. from Federal Form 1040....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Total adj. from Form 500, Schedule 1 Page 3 (See instructions Line 9, Page 6)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage				<input type="text"/>	% Not to exceed 100%	
10. Itemized or Standard Deduction (See instructions for Line 10, Page 9)			<input type="text"/>	<input type="text"/>		
11. Personal Exemption from Form 500, Page 1, Line 7, multiplied by \$2,700			<input type="text"/>	<input type="text"/>		
12. Total Deductions and Exemptions: Add Lines 10 and 11			<input type="text"/>	<input type="text"/>		
13. Multiply Line 12 by Ratio on Line 9 and enter result					<input type="text"/>	<input type="text"/>
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 2 of Form 500					<input type="text"/>	<input type="text"/>

List the state(s) in which the income in Column B was earned and/or to which it was reported.

_____	_____
_____	_____
_____	_____